

# TRICARE Pharmacy Program Medical Necessity Form for Tamsulosin (Flomax)

This form applies to the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy Program (TRRx) and may be found on the TRICARE Pharmacy website at [www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm](http://www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- **Doxazosin, terazosin, and alfuzosin (Uroxatral)** are the formulary alpha blockers on the DoD Uniform Formulary for the treatment of symptoms of benign prostatic hypertrophy (BPH). **Tamsulosin (Flomax) is non-formulary, but available to most beneficiaries at a \$22 cost share.**
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Flomax at the \$22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of Flomax *instead of a formulary medication* is medically necessary. If Flomax is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.
- Active duty service members may not fill prescriptions for Flomax unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

<b>MAIL ORDER</b>	<p>If the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here <input type="checkbox"/></p>	<b>RETAIL</b>	<p>If the prescription is to be filled at a retail network pharmacy, check here <input type="checkbox"/></p>	<b>MTF</b>	<ul style="list-style-type: none"> <li>• Non-formulary medications are available at MTFs only if both of the following are true:               <ul style="list-style-type: none"> <li>• The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.</li> <li>• The non-formulary medication is determined to be medically necessary.</li> </ul> </li> <li>• Please contact your local MTF for more information. There are no cost shares at MTFs.</li> </ul>
	<ul style="list-style-type: none"> <li>• The completed form and the prescription may be <b>faxed to 1-877-283-8075</b> or 1-602-586-3915 OR</li> <li>• The patient may attach the completed form to the prescription and <b>mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b></li> </ul>		<ul style="list-style-type: none"> <li>• The provider may <b>call: 1-866-684-4488</b> OR</li> <li>• The completed form may be <b>faxed to 1-866-684-4477</b></li> </ul>		

There is no expiration date for approved medical necessity determinations.

**Step** Please complete patient and physician information (Please Print)

**1** Patient Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Sponsor ID # \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Secure Fax #: \_\_\_\_\_

**Step** Please explain why the patient cannot be treated with a formulary alternative:

**2** 1. Use of ALL of the formulary alternatives [doxazosin, terazosin, and alfuzosin (Uroxatral)] is contraindicated (e.g., hypersensitivity; moderate to severe hepatic insufficiency [alfuzosin only]). Please explain below:

2. The patient has experienced significant adverse effects from the selective alpha blocker alfuzosin (Uroxatral). Note: Patients are not required to try a non-selective alpha blocker (doxazosin or terazosin), but must try alfuzosin before medical necessity will be approved for tamsulosin (Flomax). Please explain below:

3. Use of alfuzosin (Uroxatral) has resulted in therapeutic failure (no improvement in BPH symptoms). Please explain below:

**Step** I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

**3** \_\_\_\_\_  
Prescriber Signature Date